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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Dianne M. Perez and Michael J. Zuscik
Serial No.: 10/052,589 Group: 1632
Filed: January 18, 2002 Examiner: Falk, Anne Marie
Confirmation No.: 4045
For: Model Systems for Neurodegenerative and Cardiovascular Disorders

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
April 4, 2006 Date	<i>Julie Crump</i> Signature
Julie Crump Typed or printed name of person signing certificate	

Mail Stop Appeal Brief-Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated October 4, 2005 of the Examiner finally rejecting claims 17 and 22-39. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated October 4, 2005 for three month(s) from January 4, 2006 to April 4, 2006.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.

04/10/2006 WABDELRI 00000029 10052589
01 FC:2401 250.00 OP
04/10/2006 WABDELRI 00000029 10052589
02 FC:2253 510.00 OP

3. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)	\$ 510
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([] mo.)	\$
	Less fee paid ([] mo.)	- \$
	Balance of fee due	\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 250
<input type="checkbox"/>	Other	\$
	TOTAL	\$ 760

4. The method of payment for the total fees is as follows:

☒ A check in the amount of \$760.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: April 4, 2006